IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Atsushi SHIBUTANI Serial No: 10/807.610 Confirmation No: 4238

Filed: March 24, 2004

Imaging Device with Function to Image Still Picture

during Moving Picture Imaging

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Art Unit: Examiner: 2622

Selby, Gevell V.

I hereby certify that this correspondence is being transmitted via electronic filing to:

Mail Stop RCE

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

March 31, 2008

Date of Deposit

Juanita Soberanis

Mame • Derain waniK 3/31/2008

\$ignature Date

Transmitted herewith in the above-identified application are the following:

Request for Continued Examination (RCE). Ø

冈 Amendment.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	12	-	22	**	0	LG=\$50 SM=\$25	\$50	\$	0
INDEPENDENT CLAIMS FEE	1	-	6	***	0	LG=\$210 SM=\$105	\$210	\$	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS LARGE ENTITY FEE = \$370 SMALL ENTITY FEE = \$185								\$	0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER) \$260 FOR EACH ADDITIONAL 50 SHEETS)	\$	o
Independent Claims: 1 TOTAL							\$	0	

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

Please charge the amount of \$___ to cover the additional claims fee to Deposit Account No. 50-1314.

Please charge the amount of \$___ to cover the extension fee to Deposit Account No. 50-1314.

Please charge the amount of \$810 to cover the RCE fee to Deposit Account No. 50-1314. 冈

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314.

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims \boxtimes

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted, HOGAN & HARTSON L.L.P.

Date: March 31, 2008

1999 Avenue of the Stars, Suite 1400 Los Angeles, California 90067

Phone: 310-785-4600 Fax: 310-785-4601

By: Trov M. Schmelzer

> Registration No. 36,667 Attorney for Applicant(s)